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THE
LOUISVILLE MEDICAL NEWS:

A WEEKLY

JOURNAL OF MEDICINE AND SURGERY.

EDITED BY

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AND

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VOLUMES III. & IV.—1877.

"NEC TENUI PENNA."

LOUISVILLE:

PRINTED BY JOHN P. MORTON AND COMPANY, 156 WEST MAIN STREET.

1877

LOUISVILLE MEDICAL NEWS.

"*NEC TENUI PENNA.*"

Vol. III.

LOUISVILLE, JANUARY 6, 1877.

No. 1.

THE DOODLE-BUG.

The Phenomenon's organ, in its last issue, makes the following resolution in winding up the journalistic year's work:

"And now for a single promise; the Journal will hereafter be conducted solely in the interests of its readers; collegiate and personal matters, purely local in character, will be rigidly excluded. The Weekly will be strictly a medical journal, and its contents will be so arranged as to be of interest to every practitioner. It is only fair to say that the work has not always been so conducted in the past; for occasionally (or perhaps even frequently) matters have been admitted into its columns which are of no interest to those outside of this city, or outside of school circles. A journal which is made the medium for personalities, or for fostering professional or corporate disputes, does not fulfill the objects of a medical publication; and while the readers of the Weekly have been conspicuously generous and considerate in regard to its occasional errors in this respect, they are assured that such trespasses upon their forbearance have terminated. If a work solely professional in its purposes, contents, and management can induce a large and general support, the Weekly hopes to secure such a result."

It will be seen from the foregoing that the P. O. evidently considers itself unable to defend the Chang-and-Eng school from our constant exposures, and has concluded to take refuge in silence. It has tried that dodge some time ago, but, stung by the constant blows of the NEWS, was compelled to lay it aside; but, after calling us some hard names, it "trembled into silence as before."

This peaceful state of mind in an organ which has been the embodiment of aggressive journalism we are proud to have caused.

We are reminded by this conduct of the organ of the little insect whose name heads this article. For the benefit of those who

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are not sufficiently familiar with the habits of this animal to understand the allusion we will explain.

The ant-lion, or doodle-bug, is an insect common in the South, which takes its prey in the following manner: It makes a circular basin in the loose sand so artfully contrived that any luckless insect approaching the verge of it is immediately precipitated to the bottom of the basin or pit by the treacherous giving way of its sides. The ant-lion—an awful-looking beast, with most diabolic horns and claws—is lying buried at the bottom of the pit, and on the slightest agitation or rolling of the sand, rises, "*diabolus ex machinâ*," and carries off the victim. Should, however, the intruder be too strong for the doodle-bug, he retreats into the deepest recesses of his den, and nothing can bring him out. So sensitive is the pitfall that the agitation caused by breathing upon its side will cause the sand to roll down, and up come the horns and claws. The boys are under the impression that by calling "Doodle-bug, doodle-bug, doodle-bug," he will promptly appear; and he certainly does come, if called upon with sufficient force of breath to agitate the sides of the trap.

Was there ever a more sensitive pitfall than that inhabited by the Phenomenon's organ, and was there ever a more savage inhabitant to a pitfall? During these last seven or eight years no journalistic or professional bug (no matter what its innocence) has passed by it, near or far, without provoking the rage of this redoubtable warrior.

We have been calling "Doodle-bug, doodle-bug, doo-o-o-dle-bug," in our most dulcet strains—we have even shouted it—but all

in vain. We have thrown a few stones, but with the same result; and are forced to the conclusion that our doodle-bug is satisfied that we are too strong an insect to be tackled.

We are sorry the sport is over, but have long been satisfied that the well-known ability and versatility of our neighbor have been too severely taxed in the defense of the Phenomenon, and he has shown his characteristic sagacity in retiring from the contest.

THOSE "PERSISTENT FALSEHOODS."

The authorities of the Kentucky-Louisville School themselves must bear witness to the fact that we have for a number of weeks refrained from publishing the testimony which we give below regarding the condition of that institution, for although it has been but a few days since that it was put in print, they must have known that any time during the last two months we could have got it for the asking. We felt we had dealt the Phenomenon such blows that it must surely die. It was painful to us to invite against it its own blades. But the school has published us in the columns of a newspaper as the author of "persistent falsehoods." Is it not demanded of us then that, laying aside all pity, we present all proof we can to the contrary? We publish the testimony entire. It points an important lesson. Whatever talent men may have for teaching—and we are the last to deny that the gentlemen connected with the Kentucky-Louisville School possess this—medicine can not be demonstratively taught in the short time devoted to it in the institution on trial. The swiftly recurring periods when the diploma mill must yield its produce require one continuous cram. We will be the first to welcome the Louisville School when it puts itself right.

[From the *Courier-Journal* of Dec. 21st.]

To My Friends who Read the Courier-Journal:

In Tuesday's paper a couple of young gentlemen, who declare themselves the authorized representatives

of the "Louisville Medical College" (5th and Green Sts.), published a "whereas" and six "resolutions." In their advertisement, they first criticise a Mr. Sale, for suing their college on a charge of obtaining money under false pretenses. Next, they charge me with giving "unfair and false" testimony against the Fifth-street School, and in the same paragraph they accuse the University of Louisville of naughty behavior. Next they intimate that Dr. Reynolds and Mr. Sale make diverse statements on the same point, under oath. Next, they assert that the Hospital Medical College did examine for graduation a brace of first-course students. Next, they say that teachers in other medical institutions have, during the trial aforementioned, behaved unseemly, and in the same paragraph the Louisville Medical News, edited by Drs. Cowling and Galt, is declared to have uttered "persistent falsehoods for months past," and they declare that the Louisville Medical News "deserves the condemnation of honest men and respectable physicians," and that the aforesaid teachers and the Louisville Medical University "meet with our severest reprobation." Next, Mr. Bennett Young (counsel for Mr. Sale) is branded with uttering "insolent stigmas, unsupported by a shadow of evidence," against the "Louisville Medical College." And, lastly, the opinion is ventured, and no one will gainsay it, that they "regard the giving of diplomas to first-class students, and the bribing of them to desert the school of their adoption, as demanding the condemnation of every respectable physician and fair-minded citizen." Worthy sentiments, certainly, and beyond dispute.

I am concerned in but two of these complaints, and these are probably not worthy of notice. Yet, because I believe the two young gentlemen who signed the document have been led astray and misguided by older heads, I notice the charges against myself and against the university in which I have the honor to hold a professorship.

My testimony is pronounced "unfair and false." How unfair? I was subpoenaed by the lawyers, and I gave my testimony in open court under oath. The opposing counsel did not seem to doubt my testimony. Certainly he did not attempt a cross-examination. I was then, and am still, subject to the commands of the court.

If my testimony is false, I am amenable to the law. Under oath I stated that I considered the "Louisville Medical College" not only not a first-class school, but a disreputable institution. The charge against the university is absurd.

For nigh forty years the medical department of the University of Louisville has been intimately known to the readers of the *Courier* and the *Journal*, and to their improved successor, the *Courier-Journal*, and the venerable institution is above suspicion and beyond reproach.

The accompanying letters from two alumni of the "L. M. S.," and from an ex-professor of that institution, demonstrate the testimony on which I based my opinion given to the court.

LUNSFORD P. VANDELL, JR.

Louisville, Dec. 20, 1876.

LOUISVILLE, KY., Dec. 19, 1876.

Prof. L. P. Vandell, jr.:

Dear Doctor,—Your note of this date has just been received, in which you ask me to answer certain questions relative to the Louisville Medical College and Kentucky School of Medicine, with which I was till recently connected. Although my name has already been too much before the public in connection with late school difficulties, I do not feel at liberty to decline answering your questions so far as they relate to matters of fact of which I have become directly or indirectly cognizant.

First—As to the cause of my resignation. This was sufficiently indicated in my letter to the secretary of the board of trustees, in which I stated that in consequence of disagreement between the faculty and myself as to the policy of the school, I desired to sever my connection with the institution.

Second—What are the clinical advantages of the school? With the exception of two hospital afternoons, the Louisville Medical College had at the time of my resignation no clinical advantages whatever, except such stray patients as the respective professors of clinical medicine and surgery might occasionally be fortunate enough to pick up and bring before the class. It is true there is a third lecture afternoon at the hospital; but the faculty did not encourage the students to attend, and have filled these hours with didactic lectures at the college. Last summer a faculty meeting was held, in which a resolution was unanimously adopted to suspend all consideration of the *dispensary question* for one year. This legislation, of course, deprived the students of this winter session of the advantage of having a dispensary connected with the college. I have been repeatedly told by students, both before and after my resignation, that some members of the faculty were in the habit of telling them that clinics were a disadvantage to them, and advised them not to take the hospital ticket.

Third—What are the means and what is the method of teaching physiology in the college? Physiology is not taught either by models, diagrams, vivisections, microscope, experiments, or other appliances at present considered necessary for properly teaching this important branch of medical science.

Fourth—How is chemistry taught in this institution? I can only say in reply to this question that the manner in which it was taught has for years been

a fruitful source of complaint both among the professors and successive classes of students.

Fifth—Was anatomy taught by demonstrations on the cadaver in the lectures on that branch in the Kentucky School last summer? I have been repeatedly told that the professor of anatomy in the Kentucky School last summer did not once demonstrate his lectures on the cadaver.

Sixth—To what extent is the cadaver employed in the anatomical lectures in the Louisville Medical College? I have been this very day assured by students now attending lectures in the college that up to this time no demonstrations on the cadaver have been made by the professor of anatomy, although nearly all the arteries have been lectured on.

Seventh—What is the difference between the Louisville Medical College and the Kentucky School of Medicine? The two schools have separate charters and separate boards of trustees; but the two faculties are identical, barring that Prof. Maxwell is not in the Kentucky School faculty. The two faculties occupy the same building and use the same appliances. The Kentucky School session begins immediately on the close of the session of the Louisville Medical College, and lasts four months. The graduates of each school receive an *ad eundem* degree from the other.

Sincerely yours,

JOHN A. OCTERLONY, M. D.

LOUISVILLE, KY., Dec. 19, 1876.

Dr. L. P. Vandell, jr.:

Dear Sir,—Your letter of this date is received, propounding certain questions, to which you desire answers from me. It is with feelings akin to sorrow that I reply to your interrogatories, knowing that my answers must of necessity reflect discredit upon an institution which I was once proud to claim as my *alma mater*. But knowing that you have been unjustly assailed, truth and justice alike compel me to reply to your letter.

I do not think that clinical material is as abundant at the Louisville Medical College as one would be led to infer from its published catalogue.

I have been told by students of the school that there have been but four clinics since the opening of this session up to the present time.

I am of the opinion that the clinical advantages of this school are inferior to those of the other schools of the city.

As the result of the most careful and patient investigation the conclusion forces itself upon one's mind that physiology is not taught at all in this institution. As to the facilities possessed by this school for teaching the science of physiology, they have never as yet been demonstrated to exist, even after the most painstaking and scrutinizing observations.

I do not think that the demonstrations on the cadaver are as abundant or as numerous as the importance of the subject demands. I have been told that during the last session of the summer school there were no demonstrations of anatomy by the professor of that branch.

Your question as to the difference between the Louisville Medical College and the Kentucky School of Medicine is indeed a difficult one to answer. It is a question that has agitated the profession throughout the country for some time past, but has as yet received no satisfactory solution, though the verdict seems to be, as indicated by the weight of professional opinion, that they differ only in name.

As to the teaching of chemistry in this school, I know nothing whatever, as *I never heard any of it taught there, and never saw any one who had.*

In answer to your last question, I would refer you to the action of the convention of colleges, which met last fall and passed resolutions deprecating a certain policy, which policy is known to be pursued by this school alone. I would also refer you to the medical periodicals for several years past, which have almost constantly teemed with articles derogatory to the policy and standing of this school. Perhaps my idea of a first-class medical school is a somewhat exalted and extravagant one; but certainly if I am guilty of an error in this respect it is in the right direction, and I do most assuredly say that if you have stated that the institution known collectively as the Louisville—Kentucky—School, or individually as the Louisville Medical College and the Kentucky School of Medicine, is not a first-class medical school, then I must agree with you, since neither one of these alone, nor the two combined, fulfill my idea of what is required to constitute a first-class medical school.

Yours, etc., ROBT. N. TAYLOR, M. D.

LOUISVILLE, Dec. 19, 1876.

Dr. Lunsford P. Yandell, jr.:

Dear Sir,—Your letter, desiring an answer to a series of questions propounded therein, respecting certain matters relating to the present conductment of the Louisville Medical College, has been received. I regret, for many reasons, that duty in this instance should put on such somber vestments as to render it repulsive in the extreme. Six years ago the faculty was, in most respects, efficient. Since that time *changes* have been effected which compel me, reluctantly though it may be, to resign my once cherished esteem for my *alma mater*.

No one will so much as whisper aught against the proud name which justly belonged to the Louisville Medical College, after she had struggled against strong odds to an eminent and honorable position among her sister institutions, at the close of her first

session. *Now* none will be found who *can* be proud of his allegiance to her. Clad in the habiliments of *disgrace*, put upon her by the convention of colleges held in Philadelphia in June last, she *should* hide her head in shame, and not flaunt, prostitute like, her disrespect of an authoritative reprimand in the faces of those who *will* not be a party to her crimes. Some of the professors have heartily, yet regretfully, condemned the marked inefficiency of certain others, also teaching there, and have wished the "Ortolan-Bobolink" medical school, "manikin" included, in pandemonium, or elsewhere, where it might meet with speedy dissolution.

In conclusion, permit me to add that *all you stated whilst on the witness stand is true*, and "pity 't is, 't is true." The Louisville Medical College has not furnished more than four subjects for clinical lectures during this *entire term*. Anatomy is taught principally from blackboard drawings, which, the professor himself acknowledges, require his constantly repeated apologies. The mode of teaching chemistry at this institution is unique and peculiar. The entities which figure most conspicuously in the course are the well worn "Dr. Plucker," "Nancy Jane," and "Old Dobbin." The Mammoth Cave, at frequent intervals, yawns synchronously with the class, and, having been made to display its stalactites, stalagmites, blind fishes, and mummies, vanishes with the professor. Physiology is taught solely by means of disquisitions on faded theories of "Imbibition, Bioplasm, Sewerage, and Closet-building." Latter-day physiology is certainly *not taught at all*.

I have been asked why "my opinion of my *alma mater* had changed," and the above is my answer.

I sincerely regret the necessity which compels me to add my mite of testimony to that which, when given, must vindicate your course as an upright and honorable one.

Very truly yours,

EDW. VON DONHOFF, M. D.

BIRD-TRAINING.

The bird-trainer, when he wishes to teach his birds to sing a selected strain, puts them into a cage from which the light is carefully excluded, and with his bird-organ plays the air again and again. This iteration of the same air so fixes itself in the captive that he learns to repeat it. The resolutions passed by the Ortolan-Bobolinks are a fine example of successful bird-training.

Poor birds! they have been so carefully caged, and the light so well excluded (we

do n't suppose any of them ever read the NEWS), that they could only echo what had been ground into them by the bird-organ.

This instrument has, however, taken out the pipes which played the old tune, and is now only giving play tunes "in the interest of its readers."

We hope that Thos. J. Wilson, M. D., or Morbison, will be heard from occasionally, even if we do have to suffer. We should like to hear a companion to the prostitute's song about the University of Louisville. In these hard, gloomy times, when there is so little pleasure in the daily drudgery of journalism, we almost feel like exclaiming, with honest Jack Falstaff, "Sing us a bawdy song: my heart's a-weary."

Original.

CASE OF OSTITIS FUNGOSA OF THE HIP-JOINT.

BY EDW. VON DONHOFF, A. M., M. D.,
Surgeon to the Central Free Dispensary, Louisville.

Lizzie A. (colored), eleven years of age, was admitted as a patient to the Central Free Dispensary, September 12, 1876, for an affection of the hip-joint.

Previous History.—For thirteen months previous to her application for treatment she had been necessitated to remain within doors on account of her hip. At some time previous to her becoming unable to go about she had received a slight injury (twist or wrench), which *might* have given rise to present developments. She had been, shortly before her present illness, the subject of an ophthalmia, probably scrofulous. She had never had any cough or night-sweats.

Present Condition.—Patient can not bear her weight on the affected limb. Inspection showed the hip to be considerably enlarged, and the knee on the same side to be slightly flexed and ankylosed from disuse. The skin over the hip was not tense or glossed. Posteriorly the gluteal folds had disappeared. No sinuses or any evidence of their former

existence were visible. Upon manual examination the hip was found to be much enlarged, and to offer an elastic resistance to pressure. No fluctuation could be discovered at this time. The joint could be moved with more than natural freedom, but such practice occasioned severe pain, but did not elicit crepitus. The patient was thin and badly nourished. Physical exploration of the thorax did not reveal any abnormal condition of the viscera contained. Her general condition and the history of her father and mother warranted the conclusion that the case was complicated by a strumous cachexia. The temperature was somewhat elevated; appetite bad and vacillating.

Diagnosis: fungous ostitis of the hip-joint. My diagnosis of fungous disease was based principally upon the length of its duration, unaccompanied as it was by any of those external signs usually incident to bone-disease of a more decidedly necrotic character, such as fistulous openings and copious formation of *bone-pus*. It will be remembered that pus is not a necessary accompaniment of fungous bone-disease, but is rather an accidental development, due to the secondary implication of synovial structure (in an acute or sub-acute inflammation) which had not yet been the seat of fungous disease. The evident enlargement of the joint, its elastic resistance to pressure, the absence of crepitus, its generally painful condition, and other minor deductions from the general history of the patient, indicated the correctness of my conclusion, which was subsequently verified by the use of the aspirator and the resection of the joint.

Progress of the Case.—In view of the existing condition the treatment was directed toward an improvement in the general health of the patient. Pancreatic emulsion, quinia, and iron were ordered, as also ale and as much nutritious food as the patient could take. Perfect rest in bed could not be enforced, though ceaseless efforts to this end were made. On the 5th or 6th of October my attention was directed to an acute exacerbation of pain in the hip, which caused

marked insomnia. An examination of the joint discovered the presence of a deep-seated fluctuation. The parts had become much swollen; the skin glossed and tense, but not very warm. It was proposed to aspirate the joint for the removal of the pus; and this was accordingly done on the following day, in the presence of several physicians and a large number of medical students. About four ounces of a light cream-colored pus were removed, an examination of which did not show it to be *bone-pus*. The pus was situated deep down in the vicinity of the joint; and since the opportunity was afforded, it was utilized for making an exploration of parts of the bone accessible to the needle of the aspirator. I discovered the bone to be very much softened and roughened, and this fact was demonstrated to all who examined it. Considerable relief was experienced from the aspiration—subsidence of the continued fever and improvement in the appetite and spirits. About eight days afterward the pus had again accumulated, and a second aspiration was done with a somewhat different result. The pus now extracted was about equal in quantity to the first, but of a dark color (*bone-pus*), and slightly fetid. The bone was again examined, and again demonstrated to be diseased. An operation for the removal of the diseased bone was subsequently decided on, to be undertaken after further efforts should have been made to improve the patient's general condition, which had been only slightly improved up to this time.

During the succeeding eight or ten days the patient grew worse so rapidly that the operation (resection) was deemed imperatively necessary, and was done on the 15th of October, at 8 o'clock A. M., at the Dispensary Operating-room, in the presence of the following gentlemen: Dr. Peter Guntermann, secretary of the Medico-Chirurgical Society; Dr. W. W. Senteny; Drs. R. C. Brandeis and R. N. Taylor, members of the Dispensary staff; and Drs. Coleman and Buchanan, house physicians, Louisville City

Hospital. A large number of medical students was also present.

The patient being anesthetized, I made Sayre's semi-elliptical incision, which was followed by an immense gush of dark-colored fetid pus (*bone-pus*). The head and neck of the bone were found thickly covered with a pulaceous mass lying in a cavity hollowed out of the surrounding soft parts. The bone was freed as well as possible of the remnant of its investing periosteum, and the head, neck, and trochanter major were removed. The acetabulum was also found to be diseased, but it was not deemed advisable to remove it, since in the event of the patient's recuperation this might be thrown off as a sequestrum. The operation lasted eleven minutes. The wound was dressed as usual, the patient put to bed, and extension with the pulley applied.

Considerable fever followed the operation on the second day, and continued during eight or nine days—the temperature alternating between 103° and 105° . Patient's condition now rapidly improved. The fever subsided entirely; suppuration copious, but of good character; appetite voracious. She felt quite content and at ease. The wound was studded here and there with unhealthy granulations. This condition continued for some days—perhaps ten—after which there was a decided change for the worse, which obtained until the patient's death, which occurred on the 24th of November. Shortly before death the bone, deep down in the wound-cavity, could be felt to be extensively denuded and roughened; the character of the pus became very bad, containing a large percentage of *bone-débris* and blood, and also became very offensive. On the 20th of November a copious hemorrhage occurred in consequence of sloughing of some deep-seated artery, and this recurred on the three following days. Fruitless efforts were made to check it.

Post-mortem Examination.—The body was very much emaciated; rigor mortis marked. An incision enlarging the original one was made, and the left half of pelvis extracted.

The soft parts were found loosely attached to the bone, and offered only slight resistance to its removal. The bone was softened throughout, and every where charged with pus. The outer surface of the ilium was entirely denuded of periosteum, with the exception of occasional unhealthy patches visible here and there. The cancellated structure of every part of the bone could readily be pinched to pieces. The *acetabulum* was perforated and in a state of very much advanced disease, as may be seen from the annexed illustrations showing an anterior and posterior view (Figs. 2 and 3). It was filled and surrounded with a mass of pul-taceous material, in part the result of the fungous degeneration of the bone and the remains of the ligamentum teres. The coty-loid rim was entirely destroyed. The rami of the ischium and pubes were partly denuded and softened throughout. An attempt to tear away some of the attachments of the tendons resulted in breakages of the bone's surface. The upper end of the shaft of the femur was also removed, and found to be softened and charged with pus, which could be squeezed from it with the fingers. The thoracic and abdominal viscera were not examined, as the family objected. No evidence of any disease in them was manifested during life.

Remarks.—In describing the result of the first examination of the hip it was stated that "no fluctuation could be discovered," and that which afterward developed was due to the formation of pus resulting from the subsequent involvement of parts of the synovial membrane which had not yet undergone fungous degeneration. The pus withdrawn at the first aspiration did not prove, upon examination, to be bone-pus; hence the conclusion that it came from some of the soft parts. Billroth, in his *Surgical Pathology*, pp. 463-4, states that the development of pus in cases of fungous disease of the bone is to be considered as an accidental feature, and due to the establishment of acute or subacute inflammation in as yet undegenerated synovial structure. Ran-

nier, under the head of *Ostitis Rarificans*, in his work on *Pathological Histology*, describes the disease as one peculiarly marked by the *absence* of pus formation, except as it occurs from acute or subacute synovitis. In the latter stages of the disease, when the degenerated bone is rapidly disintegrated, bone-pus is formed, as was the case in the instance before us. Rindfleisch says the same, in substance, as the above named authorities. Because of the absence of pus, this form of bone-disease is sometimes called *caries sicca* (dry caries). A joint may go on to complete destruction and spontaneous luxation without the development of a *single drop of pus*. (Billroth, l.c.)

The late appearance of pus was another evidence of bone-disease, since its development in the early history of the case would, more properly, be ascribed to a purulent synovitis which might occur independently of any disease of the neighboring hard structure. Fungous disease usually begins in the synovial membrane and extends thence into the cartilage and bone. It may begin in the bone and extend, centrifugally, to the cartilage and synovial membrane. This latter seems to have been the state of affairs in the present instance; since the bone (pelvis and femur) were extensively diseased, whilst a part of the cartilage and synovial membrane were only in the commencing stage of fungous degeneration. I take the liberty of appending the following result of a microscopic examination of the ante-mortem specimen (Fig. 1) made by Drs. W. T. Alexander and R. N. Taylor.

"Two specimens of bone were examined, one the head and neck, the other the trochanter major of a young person.

"The head of the femur had lost its regular globular form and was entirely denuded of cartilage, except a narrow rim which still adhered to its edge, where it joins the neck. This was found in a state of commencing granular degeneration; the matrix having lost its hyaline, homogeneous appearance, and many of the cells having undergone proliferation and fatty changes. The artic-

ulating surface was bare throughout two thirds of its extent, and roughened, being evidently the seat of dry caries. The remainder was covered with a thick, pulpy layer easily detached from the bone. Microscopic examination showed this to be shreds of connective tissue in a mass of unorganized lymph—the connective tissue probably the remains of the synovial membrane.

"Surrounding the neck, at its junction with the head, were masses of newly-formed bone, the result of a previous periostitis ossificans.

"On the internal and inferior aspect of the neck was a cavity (Fig. 1), about the size of a pigeon's egg, extending upwards and outwards and into the substance of the head and neck, reaching at one point nearly as far as the epiphysal cartilage. This cavity was lined with what was evidently the remains of a false membrane, containing in its meshes numerous spiculæ of roughened, disintegrating bone. The microscope showed them to be the seat of fungous ostitis. The surface presented numerous irregular depressions, the so-called 'Howship's lacunæ,' the bone cells being filled with fatty granules.

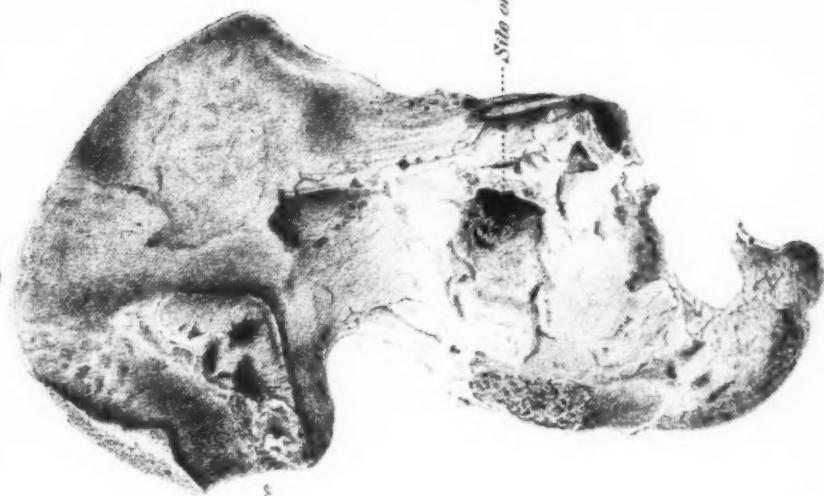
"The posterior surface of the trochanter major was roughened and covered with a pultaceous mass similar to that found in the cavity above described. The cancellous structure was hyperæmic and somewhat softened."

Résumé.—More than ordinary interest attaches to this case. It was one in which unusually extensive bone-disease was so obscured as to render it quite difficult of diagnosis, and one which, though operative procedures were positively indicated, necessarily ended fatally. What would have been the result if the disease had been left to itself is too plain to need pointing out. What would have been the issue if the patient had been possessed of a sufficient degree of vitality is equally plain. Unfortunately the true condition and extent of the disease in most similar cases can only be accurately known after the operation has

been commenced—too late to consign the patient to the (to my mind meager) chances of spontaneous recovery. In the event of the bone being found to be the seat of very extensive disease, as in this case, the surgeon may pursue one of two courses. First, remove the entire mass; or secondly, only that part easily accessible, and then endeavor to so build up the patient as to secure the rapid formation of sequestra. The latter is certainly the most conservative plan and the one most frequently practiced, yet, as was proven in this case, not the best. I am quite confident that the shock incident to the more sweeping operation, the removal of the acetabulum and rami, would not have decreased the chances for ultimate recovery; whilst to leave a large quantity of dead bone in the wound might be regarded as placing undue dependence on the powers of nature to throw it off. Mr. Bryant and others do not find any objection to the removal of large portions of the pelvic bones, and I have myself seen in the practice of Dr. Jas. M. Holloway, Professor of Surgery in the Louisville Hospital Medical College, a case which made a good recovery after the removal of the greater part of one half of the pelvis. On the other hand, I once saw, in my own practice, a case go on to a good but tardy recovery in which large sequestra were expelled for months after the operation, which had been principally done for the establishment of free drainage. If it were always possible to anticipate correctly the vis medicatrix naturæ, one could know better how far to interfere and how far to leave nature to herself, aided alone by general remedial agents. After all, too little operative interference is more desirable than too much, since examples establish the precedent that nature can and does help herself. Besides (the desideratum, bonum et magnum), the patient "did not fall a victim to too much surgery."

As to the time when the operation should be done, I think there is none better suited than the present, since the disease is eminently a progressive one. *Of course no oper-*

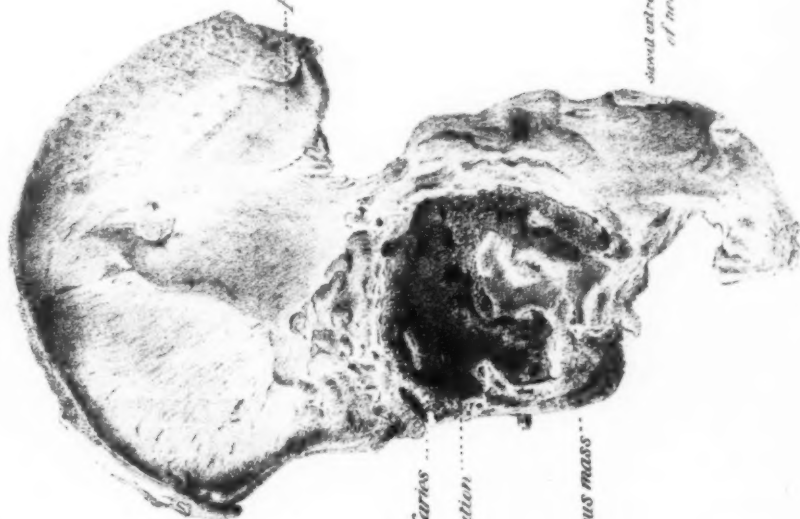
Fig. 3.



POSTERIOR VIEW

J. P. BROWN, LITH. LOUISVILLE

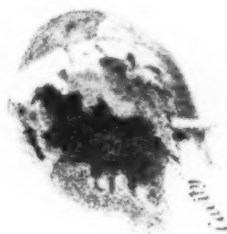
Fig. 2.

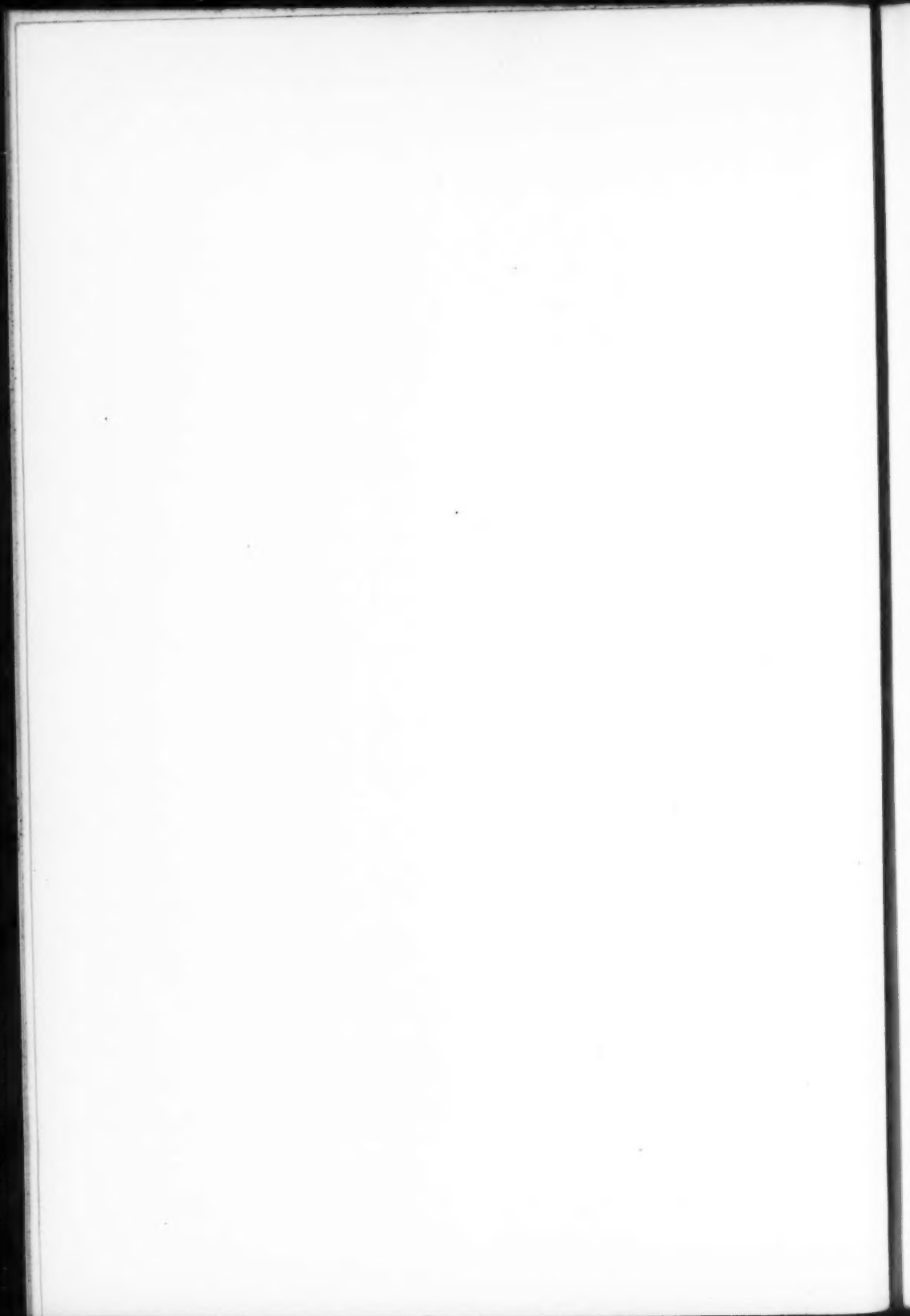


ANTERIOR VIEW

Several articulating surfaces
...Part of Pterisphenum
remaining

Fig. 1.





ation should be done unless dead bone can be clearly made out to exist.* In acute inflammatory conditions of the joint, or when extensive visceral diseases complicate the case, or when the vitality of the patient has been excessively deteriorated by long-continued and copious discharges from the seat of disease, operations of any kind are positively contra-indicated. In children particularly, when the operation is admissible, a large percentage, two thirds, of the cases do well after it. In more advanced adult life the proportion of recoveries decreases.

LOUISVILLE.

SALICYLIC ACID IN LUMBAGO.

BY J. H. CALFEE, M. D.

I was called in on the morning of October 1st to see Mr. R. P. C., whom I found in bed and unable to stand or sit up, suffering an excruciating pain on each attempt to rise or even turn himself in bed to rest himself. On inquiry, I was informed that on the day previous, while hanging a stable door and when in a kind of "twist," he was taken with a "catch" in his back, which was so severe, etc., that he was compelled to go to bed. He being a man of good constitution, regular habits, a farmer, and there being no evidences of malaria, I said to him I should give him a remedy which I had not used or known recommended in such cases, but, being so much lauded in acute rheumatism, I would try it in his case, to which he did not object. I returned to my office, and in two ounces of glycerine I put 120 grains of salicylic acid, and directed him to take one teaspoonful every two hours. I gave nothing else, awaiting the result of the medicine; and the following day he was in the cotton patch superintending his work.

CASE II.—On September 13th I was called to see Mrs. H., aged about thirty, and mother of two children; found her in bed, unable to rise or assist herself any at all without great pain. As we expect complications in such cases, I inquired particularly, and, finding

* Bryant, Billroth, Gross, Sayre.

some malaria in her case in addition to the "catch" in her back of which she complained a great deal, I gave her four grains of quinine every three hours and seven and one half grains of salicylic acid in glycerine every two hours. On the second day I found her up; continued same treatment; and on the third morning found her carrying stove-wood to make a fire.

CASE III.—A man, aged about forty years, called on me for medicine for a severe pain, which he said commenced in the muscles of the thorax and extended to the small of his back, which disabled him from any kind of labor. I at once put him on salicylic acid, seven and one half grains, in glycerine, every two hours. I heard from him the following day and that he was greatly improved. He recovered without any thing further.

I should have stated that my first patient was the subject of rheumatic attacks.

CONWAY, ARK.

Miscellany.

DEATH OF DR. REGNAULT.—The Paris correspondent of the British Medical Journal writes: "It is with much regret I have to report the death of Dr. William Regnault, which took place on Wednesday, November 29th, under the following melancholy circumstances: Dr. Regnault had been attending a child suffering from so-called croup; and on November 25th, in performing tracheotomy, he accidentally inoculated himself with the virus through an abrasion of the skin on the finger. On the following day he went about as usual paying his morning visits, when, about noon, he was suddenly seized with giddiness and violent pains in the head, which were followed by febrile symptoms. A physician, a friend of the deceased, was immediately summoned to see him. This gentleman diagnosed 'angine couenneuse' (membranous or diphtheritic sore throat), which was confirmed by five other physicians who were called in in consultation, and notwithstanding their

assiduous attendance and persevering efforts to avert a fatal issue, the patient succumbed. His obsequies took place at Trinity Church; and if tears and the number of mourners may be looked upon as marks of esteem and affection, the friends and relatives of the deceased may feel some satisfaction in the spectacle witnessed at the funeral of our departed *confrère*, for the church, which is a first-class building of its kind, was quite full, many with tearful eyes, and all more or less deeply affected. After the funeral service the body was removed to Moulins, in the Department of Allier, his native town. Dr. Regnault was in the prime of life, being only forty years old, and by his untimely death may be looked upon as a victim to his duty. He leaves a young widow and three children."

THEY ROW OVER H. R. H.'s OBSTETRIC PRACTICE.—Says the British Medical Journal: "Report tells strange stories of the singular vagaries of choice of an attendant in the case of H. R. H. the Duchess of Edinburgh. The appointment, it was stated, was first offered to a well-known young surgeon who is guiltless of acquaintance with the obstetric department of the profession, and only fell into the highly competent hands of the physician ultimately selected after a singular series of events. Not half of the current reports on such subjects can, of course, claim credit; but that which is well vouched in this history is strange and amusing enough."

A NOVEL DANGER.—Mr. Jas. Greenwood calls attention to the very common and dangerous practice of obtaining novels from the circulating library for the use of invalids recovering from infectious diseases, and returning them without their being properly disinfected. The danger might be obviated by establishing "an invalid's library." In the meantime it may be well to warn the good-natured friends of such invalids that the practice of returning such novels into circulation in this unguarded way exposes

them to a penalty of £5, and that proprietors of a library are not, we imagine, altogether free from legal responsibility, if it can be shown that they are the conscious accomplices of the act.—*Brit. Med. Jour.*

PECULIAR WILL CASE.—In the Court of Probate, Dublin, last week there was a suit to establish the will of a Miss Harris, who died in last July, and by which the principal part of her property was bequeathed to Dr. Edward White, who had attended her for some years. The will was disputed, and the evidence given showed that the old lady had peculiar delusions, one being that her next-door neighbor, a medical practitioner, was in the habit of constantly working a galvanic battery to annoy and molest her. She was also in the habit of wearing her night-dress over her ordinary clothing, and doing various other extraordinary acts. Judge Warren, in reviewing the eccentricities of the testatrix, said he did not assert that it was impossible, notwithstanding this extraordinary conduct, that the lady was of sound understanding; but he was not aware of any case where, upon the same evidence and believing it, a jury had so decided. The jury, after a short interval, upset the will; the judge directing a verdict against Dr. White with costs, less £20.—*British Medical Journal.*

ALLEGED FAILURE OF SALICYLIC ACID.—At the meeting of the Société de Thérapeutique, October 11, 1876, Dr. Martineau reported that neither in typhoid fever nor in articular rheumatism did he obtain any influence, either by the temperature or the pulse, by the use of salicylic acid. This was confirmed by M. Dujardin-Beaumetz, who thought, however, that it calmed the articular pains.—*Ibid.*

DURATION OF LIFE IN ANCIENT ROME.—In a vault used for the interment of the ancient Roman family Statilia, Signor Bixio, the Inspector of Antiquities and Director of Excavations, has found several inscriptions indicating the ages of the deceased. They

are, however, rare, as out of four hundred such inscriptions only seventy-five indicate the ages, fifty-five being the urns of men, and twenty those of women. Signor Bixio found that forty-five of these slaves or freedmen had not attained the age of forty, nine only reaching that age, and one attaining that of sixty. Of the women, fifteen had died under thirty, two exceeded that age, and three had exceeded forty. This early mortality of the slaves of a rich family is remarkable, and we can only conjecture that it may have been due to the physical and moral suffering, bad diet, and the excess of work and libertinage, to which the slaves at this epoch were exposed.—*Ex.*

Selections.

Chloral Hydrate and Congestion of the Kidneys.—Charles Orton, in *British Medical Journal*, says: "As deaths from doses of this drug are common, and I fear the habit of patients taking it without the authority of medical men is increasing, I beg to call attention to the fact, or what I believe to be a fact, that this drug causes congestion of the kidneys; and if it do so, it must be injurious if taken when the individual is already suffering from congestion of these regions. My attention to this point was attracted by two cases—one, a medical friend of mine, who was found dead in his bed about half-past ten o'clock at night. Death was attributed to a dose of chloral, presumably an overdose. It was stated that he was suffering from congestion of the kidneys, and at the post-mortem examination they were found to be much congested. The second case had been considered one of hydrophobia, and had been taking large and repeated doses of chloral. At the post-mortem examination we found hemorrhage into the spinal canal and intense congestion of the kidneys, to which two causes the death was attributed. Many experiments upon animals have convinced me that congestion of the kidneys may and does almost invariably follow the use of chloral; and I therefore write this in the hope that some one more experienced in this line of research may clear up my opinions on the subject."

Hot Water Enemata in Dysentery.—In the *New York Medical Journal*, Dec., 1876, Dr. J. J. Reid recommends hot water injections in acute dysentery. The method of administration is quite simple, and

does not require the services of a skilled nurse, or extensive apparatus. The hips of the patient are slightly raised, by means of a pillow, and a basin of water of the requisite temperature is placed in the bed, so as to allow the nates to rest on the edge of the vessel. The vaginal nozzle of a Davidson's syringe is then introduced into the rectum, and alongside of it the rectal or smaller nozzle. A current of water is then kept up for ten minutes, the water passing through the vaginal nozzle into the rectum, and returning by a steady stream through the smaller one into the basin, without causing any inconvenience to the patient. If the disease is extensive, and the colon involved for a considerable distance, a long rectal pipe may be employed instead of the vaginal nozzle. The immediate effect on the patient is one of comfort, which lasts for about an hour. The injections are to be continued every two hours, till the active stage of the disease is past.—*Med. and Surg. Rep.*

Unfortunate Result of Vaccination.—Z. B. Adams, M. D., reports in the *Boston Medical Journal* that on the 1st of October, 1876, a package of ivory points charged with fresh cow matter was procured of reputable vaccine purveyors, and used as follows:

Three children were inoculated, namely: No. 1. A healthy boy, twenty months old, of healthy Irish parents; a first vaccination. No. 2. A pale, rather large infant, whose mother is consumptive; age, one year; of Irish parents; a first vaccination. No. 3. A healthy infant four months old, born of Irish parents.

No result occurring in any of the children inoculated with the points in this package, on October 21st a similar package of fresh cow matter was procured from the same parties. This package was used and distributed in the same manner as the first, and the result, so far as known, was null, except in Cases No. 1 and No. 2 (in these cases slight redness).

A package of human matter, warranted pure and fresh vaccine virus, was now procured from the same parties as before, with which were inoculated Nos. 1, 2, and 3, each in three places on the arm at about the insertion of the deltoid. The remainder of the package was thrown into the fire. The result was as follows: on the seventh day No. 1 presented three very perfect-looking vaccine vesicles, of the ordinary size and shape, round, cupped, with a thin scab just forming in the center, surrounded by a pellucid ring of pure lymph, with slight areolæ of redness, and without deep induration; in short, a healthy arm. Matter was taken for No. 4.

No. 3 presented one vesicle like those just described in No. 1, somewhat smaller in size. Some lymph taken from it was introduced into the arm lower down, and some was also introduced into the arm of No. 2, which had not taken, and showed no marks of the previous attempts.

On the fourteenth day No. 1 had marked symptoms of purulent infection. Deep black sloughs occupied the site of the vaccine vesicles. There was brawny hardness of the whole deltoid region, a huge diffuse abscess reached from the axilla to the lower border of the ribs, with hard infiltration extending to the sternum in front and below the scapula behind, showing a waxy whiteness with distended veins. A thin ichor flowed from large incisions, and no pus. The child died of pyemia on the twenty-first day. There was no autopsy.

No. 3 showed two perfect vaccine scabs with no signs of inflammation, both scabs being apparently of the same age, though the lower one resulted from inoculation by lymph taken from its fellow on the seventh day.

No. 2, inoculated for the fourth time with fresh lymph from No. 3, as above stated, and now at the seventh day, presented three large, unhealthy, irregular sores following the scratches of the lancet. There was no clear lymph, but some yellow pus, deep induration of the whole deltoid region, and tenderness and enlargement of sub-axillary glands. This child was vaccinated from an infant who, both at the seventh and fourteenth days, showed the vaccine disease in its most regular form, without induration of the tissues, or tenderness and swelling of the glands in or about the axillary region. But it should be remarked that this child (No. 2) had a somewhat scrofulous look, and a mother who was phthisical.

No. 4 is a healthy infant, of healthy American parents, six months old, and living under the best sanitary influences. It was inoculated from No. 1 with apparently healthy lymph. The result in every essential particular was the same as in No. 2, just described, namely: there were large, unhealthy-looking sores spreading in the scratches made by the lancet, and inclined to burrow, with extensive induration of the arm and some constitutional disturbance; yellow pus instead of pure lymph on the seventh day, and enlargement of the subaxillary glands tending to supuration. The sores in both Nos. 2 and 4 became large excavated ulcers on a hardened base.

Trepanning as a Prophylactic.—M. Sédillot has already presented several communications to the Académie des Sciences de Paris, recommending preventive trepanning in cases of fracture of the skull with splintering of the internal table, to avoid the usually fatal complications of this injury. He has now collated one hundred and six cases of this sort of injury, which he publishes in support of his recommendation. Of these cases seventy-seven were trephined and twenty-nine were not. Nine of the operations were preventive—that is, they were performed before the appearance of the primitive or consecutive accidents. Sixty-eight were curative—

that is, they were performed to remove grave complications, such as paralysis, convulsions, or coma. In twenty-one of the one hundred and six cases the external table was not fractured; and as the symptoms in most of these cases were not marked, the injuries were often thought to be slight. Of the twenty-nine cases that were not operated upon, one recovered and twenty-eight died; of the nine cases in which preventive trephining was performed, six were cured; of the curative trephinations, twenty-one were performed during the first five days after the injury, and eight of the patients recovered; forty-seven were performed after the fifth day, and fifteen patients recovered. The mortality was consequently proportionate to the delay in the application of the trephine. When the operation was preventive, two thirds of the patients were saved; when it was curative, but performed early, over one third were saved; when performed late, less than one third; while only one case in twenty-nine recovered without an operation. In the diagnosis M. Sédillot suggests that auscultatory percussion may help the surgeon.—*Le Lyon Médical*.

Scarlet Fever in Childbed, and its Treatment.—A case of this is reported in the Edinburgh Medical Journal, November, 1876, by Mr. D. Sutherland. He comments on it as follows: I believe that the great danger of scarlet fever occurring in childbed consists in the uterine complications which are almost certain to follow. The lochia dries up, and inflammation of the uterus sets in, less or more diffuse; in short, we have childbed fever superadded to the scarlatina. Accordingly, the leading object of treatment ought to be to obviate, if possible, the uterine complications. For this purpose I believe strong mercurial friction (so as to bring the system quickly under its influence) to be little short of a specific. This is now the third case in which I have recently had occasion to put this remedy to the test, and in each with the most perfect satisfaction, nor have I observed any after bad result. The treatment hitherto recommended has been stimulants, stimulants only, and stimulants continually. Churchill advises stimulants freely, largely, and from the very commencement. This is upon the principle of leaving the whole ravages of the disease to its full course, and endeavoring to fortify nature to endure the fierce attack. Stimulants, in all forms of disease, have their legitimate place, but I did not adopt this wholesale treatment by stimulants, believing that the patient would have a better chance of recovery by endeavoring to prevent, or combat, the uterine complications by a mercurial treatment, and have recourse to stimulants only when specially called for by nature, as indicated by the character of the pulse.—*Medical and Surgical Reporter*.